

Playground Equipment Safety Inspection Form

General Information

Playground Location:

Inspector Name:

Inspection Date:

Weather Conditions:

Inspection Checklist

Equipment / Area	Satisfactory	Needs Repair	Comments
Swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Climbing Structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surfacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes

Inspector Signature

Name:

Date: